

B1 (Official Form 1)(1/08)

United States Bankruptcy Court  
Northern District of Illinois

## Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): <b>Kessel, Jeremy T.</b>		Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Kessel, Shanda L.</b>																																																																																																																
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>FKA Shanda L. Miller; FKA Shanda L. Meiborg</b>																																																																																																																
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-3277</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-4794</b>																																																																																																																
Street Address of Debtor (No. and Street, City, and State): <b>2301 W. 3rd St. Dixon, IL</b> ZIP Code <b>61021</b>		Street Address of Joint Debtor (No. and Street, City, and State): <b>2301 W. 3rd St. Dixon, IL</b> ZIP Code <b>61021</b>																																																																																																																
County of Residence or of the Principal Place of Business: <b>Lee</b>		County of Residence or of the Principal Place of Business: <b>Lee</b>																																																																																																																
Mailing Address of Debtor (if different from street address):  ZIP Code		Mailing Address of Joint Debtor (if different from street address):  ZIP Code																																																																																																																
Location of Principal Assets of Business Debtor (if different from street address above):																																																																																																																		
<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>TAX-EXEMPT ENTITY</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <b>Nature of Debts</b> (Check one box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																																																																																																																
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box:  <b>Chapter 11 Debtors</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000.  Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																																																																																																																
<b>Statistical/Administrative Information</b> <table border="1"> <tr> <td colspan="10">THIS SPACE IS FOR COURT USE ONLY</td> </tr> <tr> <td colspan="10"> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.  <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.         </td> </tr> <tr> <td colspan="10"> <b>Estimated Number of Creditors</b>  <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> </table> </td> </tr> <tr> <td colspan="10"> <b>Estimated Assets</b>  <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table> </td> </tr> <tr> <td colspan="10"> <b>Estimated Liabilities</b>  <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table> </td> </tr> </table>				THIS SPACE IS FOR COURT USE ONLY										<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.										<b>Estimated Number of Creditors</b> <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> </table>										<input checked="" type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000	<b>Estimated Assets</b> <table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>										<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	<b>Estimated Liabilities</b> <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion																								
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Kessel, Jeremy T.</b> <b>Kessel, Shanda L.</b>
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		<b>Exhibit B</b>  (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>X /s/ Mark E. Zaleski</b> Signature of Attorney for Debtor(s) <b>Mark E. Zaleski</b> <b>March 6, 2009</b> (Date)
<b>Exhibit C</b>  Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.		
<b>Exhibit D</b>  (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)		
<hr/> (Name of landlord that obtained judgment)		
<hr/> (Address of landlord)		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

B1 (Official Form 1)(1/08)

**Voluntary Petition**

(This page must be completed and filed in every case)

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Jeremy T. Kessel**Signature of Debtor **Jeremy T. Kessel****X /s/ Shanda L. Kessel**Signature of Joint Debtor **Shanda L. Kessel**

Telephone Number (If not represented by attorney)

**March 6, 2009**

Date

**Signature of Attorney\*****X /s/ Mark E. Zaleski**

Signature of Attorney for Debtor(s)

**Mark E. Zaleski**

Printed Name of Attorney for Debtor(s)

**Mark E. Zaleski**

Firm Name

**10 North Galena Avenue  
Suite 220  
Freeport, IL 61032**

Address

Email: [attyzaleski@cjrinc.com](mailto:attyzaleski@cjrinc.com)**815-233-0995 Fax: 815-232-3227**

Telephone Number

**March 6, 2009**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

**Kessel, Jeremy T.****Kessel, Shanda L.****Signatures****Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

B 1D(Official Form 1, Exhibit D) (12/08)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Jeremy T. Kessel  
Shanda L. Kessel**

Debtor(s)

Case No.  
Chapter **7**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

B 1D(Official Form 1, Exhibit D) (12/08) - Cont.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Jeremy T. Kessel  
Jeremy T. Kessel

Date: March 6, 2009

B 1D(Official Form 1, Exhibit D) (12/08)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Jeremy T. Kessel  
Shanda L. Kessel**

Debtor(s)

Case No.  
Chapter

**7**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

B 1D(Official Form 1, Exhibit D) (12/08) - Cont.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Shanda L. Kessel  
Shanda L. Kessel

Date: March 6, 2009

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors \_\_\_\_\_,

Chapter \_\_\_\_\_

**7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	1	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	4	<b>8,459.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	1			
D - Creditors Holding Secured Claims	<b>Yes</b>	1		<b>2,200.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	2		<b>36.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	20		<b>73,550.00</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	1			
H - Codebtors	<b>Yes</b>	1			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	1			<b>3,369.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	2			<b>3,311.00</b>
Total Number of Sheets of ALL Schedules		<b>34</b>			
			<b>Total Assets</b>	<b>8,459.00</b>	
					<b>Total Liabilities</b>
					<b>75,786.00</b>

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>36.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>36.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>3,369.00</b>
Average Expenses (from Schedule J, Line 18)	<b>3,311.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>3,890.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	<b>1,000.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>36.00</b>
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	<b>0.00</b>
4. Total from Schedule F	<b>73,550.00</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	<b>74,550.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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**None**

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

**0** continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>Cash from Debtor's wages</b>	J	<b>50.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Savings account with Blackhawk Area Credit Union, Dixon, Illinois</b>	J	<b>25.00</b>
		<b>Checking account with Amcore Bank, Dixon, Illinois</b>	W	<b>5.00</b>
		<b>Checking account with Amcore Bank, Dixon, Illinois</b>	J	<b>0.00</b>
		<b>Checking account with Amcore Bank, Dixon, Illinois</b>	H	<b>0.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Furniture, furnishings, appliances, and misc. other items.</b>	J	<b>2,500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Books, pictures, angel collection, videos, music cds and misc. other items</b>	J	<b>500.00</b>
6. Wearing apparel.		<b>Debtor's clothing</b>	J	<b>1,000.00</b>
7. Furs and jewelry.		<b>Rings, watches and misc. other items</b>	J	<b>350.00</b>
8. Firearms and sports, photographic, and other hobby equipment.		<b>Children's bicycles, digital camera, misc. fishing equipment and misc. other items</b>	J	<b>250.00</b>
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Term life insurance policy through employment</b>	H	<b>0.00</b>
10. Annuities. Itemize and name each issuer.	X			
				Sub-Total > (Total of this page)
				<b>4,680.00</b>

3 continuation sheets attached to the Schedule of Personal Property

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>401K plan through employment</b>	H	<b>Unknown</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.		<b>Monthly child support</b>	W	<b>364.00</b>
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		<b>Monthly social security income from disabled son</b>	W	<b>465.00</b>
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
Sub-Total > (Total of this page)				<b>829.00</b>

Sheet 1 of 3 continuation sheets attached  
to the Schedule of Personal Property

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2000 Oldsmobile Silhouette</b>	J	<b>1,200.00</b>
		<b>1996 Pontiac Grand AM - does not run</b>	H	<b>500.00</b>
		<b>1996 Chevy Beretta - Does not run</b>	H	<b>500.00</b>
		<b>1981 Honda CB900 Custom Motorcycle</b>	H	<b>500.00</b>
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		<b>1 dog - housepet</b>	J	<b>0.00</b>
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
Sub-Total > (Total of this page)				<b>2,700.00</b>

Sheet 2 of 3 continuation sheets attached  
to the Schedule of Personal Property

**B6B (Official Form 6B) (12/07) - Cont.**

Case No. \_\_\_\_\_

## Debtors

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Sheet 3 of 3 continuation sheets attached  
to the Schedule of Personal Property

Sub-Total >	<b>250.00</b>
(Total of this page)	
Total >	<b>8,459.00</b>

(Report also on Summary of Schedules)

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)  
 11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds  
\$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</b>			
Savings account with Blackhawk Area Credit Union, Dixon, Illinois	735 ILCS 5/12-1001(b)	25.00	25.00
<b>Household Goods and Furnishings</b>			
Furniture, furnishings, appliances, and misc. other items.	735 ILCS 5/12-1001(b)	2,449.00	2,500.00
<b>Wearing Apparel</b>			
Debtor's clothing	735 ILCS 5/12-1001(a)	1,000.00	1,000.00
<b>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</b>			
401K plan through employment	735 ILCS 5/12-1006	100%	Unknown
<b>Alimony, Maintenance, Support, and Property Settlements</b>			
Monthly child support	735 ILCS 5/12-1001(g)(4)	100%	364.00
<b>Other Liquidated Debts Owing Debtor Including Tax Refund</b>			
Monthly social security income from disabled son	735 ILCS 5/12-1001(g)(1)	100%	465.00
Total:		4,303.00	4,354.00

0 continuation sheets attached to Schedule of Property Claimed as Exempt

**Case No.**

## Debtors

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C  T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. <b>60937</b>			<b>Purchase Money Security</b>					
Community State Bank 1801 1st Ave Rock Falls, IL 61071	H		<b>2000 Oldsmobile Silhouette</b>					
			Value \$ <b>1,200.00</b>				<b>2,200.00</b>	<b>1,000.00</b>
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
<b>0</b> continuation sheets attached				Subtotal (Total of this page)			<b>2,200.00</b>	<b>1,000.00</b>
				Total			<b>2,200.00</b>	<b>1,000.00</b>
				(Report on Summary of Schedules)				

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### Deposits by individuals

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

#### Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) - Cont.

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Domestic Support Obligations**

**TYPE OF PRIORITY**

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINUING UNLIQUIDATED DATE T	DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
Account No. <b>04 D 158</b>		<b>2009 Annual child support fee</b>				<b>0.00</b>	
Lee County Circuit Clerk Child Support Division 309 S. Galena Ave., Suite 320 Dixon, IL 61021	J				<b>36.00</b>		<b>36.00</b>
Account No.							
Account No.							
Account No.							
Account No.							
Account No.							

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal	<b>0.00</b>	
(Total of this page)	<b>36.00</b>	<b>36.00</b>
Total	<b>0.00</b>	
(Report on Summary of Schedules)	<b>36.00</b>	<b>36.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.			AMOUNT OF CLAIM
			CONTINGENT	UNLIQUIDATED	DISPUTED	
Account No. <b>980158</b>		H	<b>Bank charges</b>			<b>600.00</b>
<b>Amcore Bank</b> 1021 N Mulford Rd Rockford, IL 61110		H				
Account No.						
<b>Representing:</b> <b>Amcore Bank</b>						
Account No. <b>980196</b>		W	<b>Bank charges</b>			<b>700.00</b>
<b>Amcore Bank N.A.</b> 507 7th Street PO Box 1537 Rockford, IL 61110-0037						
Account No. <b>64740</b>		W	<b>Medical expenses collection for Pediatric Cardiology Clinic of Illinois</b>			<b>100.00</b>
<b>Associated Business Service</b> 1916 Raincloud Dr. Rockford, IL 61108						
<b>19</b> continuation sheets attached			Subtotal (Total of this page)			<b>1,400.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		Pediatric Cardiology c/o Terry Hoss PO Box 449 Cherry Valley, IL 61016				
Representing: <b>Associated Business Service</b>						
Account No.		Pediatric Cardiology Clinic of IL 1415 E. State Street Suite 601 Rockford, IL 61104				
Representing: <b>Associated Business Service</b>						
Account No. <b>64740</b>	J	Collection for medical expenses				<b>100.00</b>
Bruce M. Hecht MD c.o Terry Hoss PO Box 449 Cherry Valley, IL 61016						
Account No. <b>Various accounts</b>	J	Medical expenses 30344813				
CGH Medical Center 100 East Lefevre Road Sterling, IL 61081						
Account No. <b>7232963889</b>	J	Collection - Polo Road Mobil				<b>100.00</b>
Check It PO Box 6264 Rockford, IL 61125-1264						
Sheet no. <b>1</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>300.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C	U	D	
Account No. <b>Various accounts</b>		<b>Medical expenses</b> 24822645 / 24803702 / 26209486 / 26085779				
<b>Children's Hospital - St. Louis One Children's Place Saint Louis, MO 63110-1077</b>	J					<b>20,000.00</b>
Account No. <b>Various accounts</b>	H	<b>Utilities</b>				
<b>ComEd Bill Payment Center Chicago, IL 60668-0001</b>						<b>1,500.00</b>
Account No.		<b>ComEd Customer Care Center PO Box 87522 Chicago, IL 60680</b>				
Representing: <b>ComEd</b>						
Account No.		<b>Commonwealth Edison Reconciliation Department 1919 Swift Drive Oak Brook, IL 60523-1502</b>				
Representing: <b>ComEd</b>						
Account No.		<b>Harvard Collection Services 4839 N Elston Avenue Chicago, IL 60630</b>				
Representing: <b>ComEd</b>						
Sheet no. <b>2</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>21,500.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		Torres Credit Services, Inc. PO Box 189 Carlisle, PA 17013-0189				
Representing: ComEd						
Account No.		Van Ru Credit Corporation PO Box 618 Park Ridge, IL 60068-0618				
Representing: ComEd						
Account No. <b>GV8449</b>		Collection for Walgreen Co-Store 2591				<b>200.00</b>
Credit Management Control, Inc. PO Box 1654 Green Bay, WI 54305-1654	J					
Account No. <b>Various accounts</b>		Medical expenses				
Donna Ripley, PH. D. 300 First Ave., Suite 200 Rock Falls, IL 61071	J					<b>200.00</b>
Account No. <b>Unknown</b>		Credit card purchases				
Fifth Third Bank Card Center PO Box 740789 Cincinnati, OH 45274-0789	J					<b>500.00</b>
Sheet no. <b>3</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>900.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		Arrow Financial Services LLC 21031 Network Place Chicago, IL 60673-1210				
Representing: <b>Fifth Third Bank</b>						
Account No.		Arrow Financial Services LLC 5996 West Touhy Avenue Niles, IL 60714-4610				
Representing: <b>Fifth Third Bank</b>						
Account No.		Arrow Financial Services, Inc. 7301 North Lincoln Avenue Suite 220 Lincolnwood, IL 60712-1709				
Representing: <b>Fifth Third Bank</b>						
Account No.		Capital Management Services, Inc. 726 Exchange Street, Suite 700 Buffalo, NY 14210				
Representing: <b>Fifth Third Bank</b>						
Account No.		Fifth Third Bank Chicago PO Box 630778 Cincinnati, OH 45263-0778				
Representing: <b>Fifth Third Bank</b>						
Sheet no. <u>4</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		<b>0.00</b>	

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
			H	W	J	C	
Account No. <b>2624349</b>		<b>Utilities</b>					
<b>Gallatin River Communications PO Box 1800 Galesburg, IL 61402-1800</b>	J						<b>100.00</b>
Account No.		<b>H&amp;R Accounts, Inc. 7017 John Deere Parkway PO Box 672 Moline, IL 61265</b>					
Representing: <b>Gallatin River Communications</b>							
Account No. <b>0012101870</b>		<b>Credit card purchases</b>					
<b>HSBC Bank PO Box 5253 Carol Stream, IL 60197</b>	W						<b>Unknown</b>
Account No.		<b>HSBC Card Services PO Box 17051 Baltimore, MD 21297-1051</b>					
Representing: <b>HSBC Bank</b>							
Account No. <b>4663-0900-1242-6871</b>		<b>Credit card purchases</b>					
<b>HSBC Card Services PO Box 88000 Baltimore, MD 21288-0001</b>	W						<b>600.00</b>
Sheet no. <b>5</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)				<b>700.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		HSBC Card Services PO Box 17051 Baltimore, MD 21297-1051				
Representing: <b>HSBC Card Services</b>						
Account No.		NCO Financial Systems PO Box 15372 Wilmington, DE 19850-5372				
Representing: <b>HSBC Card Services</b>						
Account No.		Redline Recovery Services, LLC 6201 Bonhomme Street Suite 100S Houston, TX 77036				
Representing: <b>HSBC Card Services</b>						
Account No. <b>2307507001393420</b>	J	Loan				<b>800.00</b>
HSBC Taxpayer Financial Services PO Box 17037 Baltimore, MD 21297-1037						
Account No. <b>1325957726</b>	W	\ Utilities				<b>200.00</b>
Insight Communications Credit Services 109 West Main Street Freeport, IL 61032						
Sheet no. <b>6</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>1,000.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE B T O R  H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		<b>Creditor Protection Association</b> 13355 Noel Rd. Dallas, TX 75240				
Representing: <b>Insight Communications</b>						
Account No.		<b>Insight Communications</b> 115 North Galena Avenue Dixon, IL 61021-2117				
Representing: <b>Insight Communications</b>						
Account No. <b>Various accounts</b>		<b>Medical expenses</b>				
<b>KSB Hospital</b> Patient Financial Services PO Box 737 Dixon, IL 61021	J					<b>3,500.00</b>
Account No.		<b>Eagle Recovery Associates, Inc.</b> 424 SW Washington St., 3rd Floor Peoria, IL 61602				
Representing: <b>KSB Hospital</b>						
Account No.		<b>KSB Hospital</b> c/o Tribe Law Office PO Box 1128 Peoria, IL 61653-1128				
Representing: <b>KSB Hospital</b>						
Sheet no. <u>7</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>3,500.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		KSB Medical Group 215 East 1st Street, Suite 117 PO Box 737 Dixon, IL 61021-6102				
Representing: <b>KSB Hospital</b>						
Account No.		Receivable Management Consultants 212 East First St., Suite #117 PO Box 787 Dixon, IL 61021				
Representing: <b>KSB Hospital</b>						
Account No.		RRCA Account Management 312 Locust Street Sterling, IL 61081				
Representing: <b>KSB Hospital</b>						
Account No. <b>Unknown</b>		Legal services				
Law Offices of M. Thomas Suits 114 W. Mason Street Polo, IL 61064	J					<b>1,500.00</b>
Account No. <b>05 CH 39</b>		Foreclosure for residence located at: 320 Sherman Avenue, Dixon, Illinois				
Mortgage Electronic Reg. Systems PO Box 2026 Flint, MI 48501	J					<b>Unknown</b>
Sheet no. <b>8</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>1,500.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		<b>Mortgage Electronic Reg. Systems</b> c/o Hauseman & Rappin 39 South LaSalle Street Chicago, IL 60603				
Representing: <b>Mortgage Electronic Reg. Systems</b>						
Account No. <b>711426893</b>		<b>Collection for Progressive Insurance</b>				
NCO Financial PO Box 41466 Philadelphia, PA 19101	W					<b>100.00</b>
Account No. <b>478660</b>		<b>Other Utility Company</b>				
Nicor Gas 1844 Ferry Road Naperville, IL 60563	W					<b>2,900.00</b>
Account No.		<b>Nicor Gas</b> PO Box 310 Aurora, IL 60507-0310				
Representing: <b>Nicor Gas</b>						
Account No.		<b>Nicor Gas</b> PO Box 163250 Columbus, OH 43216				
Representing: <b>Nicor Gas</b>						
Sheet no. <b>9</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>3,000.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		Nicor Gas PO Box 3042 Naperville, IL 60566-7042				
Representing: <b>Nicor Gas</b>						
Account No. <b>07 SC 310</b>	J	Collection				
<b>Nicor Gas Co.</b> Attn: Patricia M. Fennell PO Box 858 Aurora, IL 60507						2,500.00
Account No. <b>Various accounts</b>	J	Medical expenses 5001 / 8537				
<b>Now Care LLC</b> PO box 455 Prairieville, LA 70769-2064						300.00
Account No. <b>99203</b>	J	Medical expenses				
<b>Now Care LLC</b> 841 N. Galena Avenue Dixon, IL 61021						200.00
Account No. <b>44740274501</b>	J	Vehicle				
<b>Nuvell Credit</b> PO Box 2150 Greeley, CO 80632						8,000.00
Sheet no. <b>10</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>11,000.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		<b>MRS Associates, Inc.</b> 3 Executive Campus, Suite 400 Cherry Hill, NJ 08002				
Representing: Nuvell Credit						
Account No.		<b>Nuvell Financial Services LLC</b> PO Box 1762 Greeley, CO 80632-1762				
Representing: Nuvell Credit						
Account No. 08 SC 333		<b>Services rendered</b>				1,200.00
Open Sesame Child Care Center 1101 Middle Road Dixon, IL 61021	J					
Account No.		<b>Open Sesame Child Care Center</b> c/o Attorney Dana M. Considine PO Box 447 Dixon, IL 61021				
Representing: Open Sesame Child Care Center						
Account No. 05 SC 0533		<b>Collection</b>				1,600.00
Quad City Kirby Company c/o Attorney Robert F. Tappa PO Box 3908 Rock Island, IL 61204-3908	J					
Sheet no. <u>11</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				2,800.00

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>05 SC 177</b>		Collection				
<b>Receivable Management Consultants 212 East First St., Suite #117 PO Box 787 Dixon, IL 61021</b>	J					<b>2,500.00</b>
Account No.		Receivable Management Consultants c/o Attorney Al Henry Williams PO Box 641 Dixon, IL 61021				
Representing: Receivable Management Consultants						
Account No. <b>17176907</b>		Mail Order for North American Hunting Club				
<b>RMCB PO Box 1238 Elmsford, NY 10523-0938</b>	J					<b>50.00</b>
Account No. <b>Unknown</b>		Collection				
<b>Robert Johnson 404 N. Galena Ave., Dixon, IL 61021</b>	J					<b>100.00</b>
Account No. <b>4359601</b>		Medical expenses				
<b>Rockford Cardiology Assoc. PO Box 8410 Rockford, IL 61126-8410</b>	W					<b>100.00</b>
Sheet no. <b>12</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>2,750.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		Account Recovery Services PO Box 2526 Loves Park, IL 61132				
Representing: <b>Rockford Cardiology Assoc.</b>						
Account No. <b>Various accounts</b>		Medical expenses 282MEI331812				
<b>Rockford Health Physicians c/o PBO, Inc. 6785 Weaver Rd., Suite D Rockford, IL 61114</b>	J					1,600.00
Account No. <b>Various accounts</b>		Medical expenses 6001566964 / 2009467727 / 20094677506001612099				
<b>Rockford Health Systems Rockford Memorial Hospital PO Box 14125 Rockford, IL 61105-4125</b>	J					9,000.00
Account No. <b>D507553N1</b>		Collection for Dr. David J. Powers				
<b>RRCA Account Management 312 Locust Street Sterling, IL 61081</b>	W					100.00
Account No.		Dr. David J. Powers, MD 102 S. Hennepin Ave. Dixon, IL 61021				
Representing: <b>RRCA Account Management</b>						
Sheet no. <u>13</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		<u>10,700.00</u>	

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>07 SC 731</b>		<b>Collection</b>				
<b>RRCA Account Management 312 Locust Street Sterling, IL 61081</b>	<b>J</b>					<b>1,700.00</b>
Account No.						
<b>Representing: RRCA Account Management</b>		<b>RRCA Account Management c/o Attorney Michael Mellott 312 Locust Street Sterling, IL 61081</b>				
Account No. <b>200387370</b>		<b>Bank charges</b>				
<b>Sauk Valley Bank 904 1st Avenue Rock Falls, IL 61071</b>	<b>J</b>					<b>800.00</b>
Account No.						
<b>Representing: Sauk Valley Bank</b>		<b>RRCA Account Management 312 Locust Street Sterling, IL 61081</b>				
Account No.						
<b>Representing: Sauk Valley Bank</b>		<b>Sauk Valley Bank 201 W. 3rd Street Rock Falls, IL 61071</b>				
Sheet no. <b>14</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>2,500.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
			H	W	J	C	
Account No. <b>Various accounts</b>		<b>Medical expenses</b>					
<b>Sterling - Rock Falls Clinic, Ltd. 101 East Miller Road Sterling, IL 61081</b>	H						<b>1,000.00</b>
Account No.		<b>RRCA Account Management 312 Locust Street Sterling, IL 61081</b>					
Representing: <b>Sterling - Rock Falls Clinic, Ltd.</b>							
Account No. <b>Various accounts</b>		<b>Medical expenses</b>					
<b>Swedish American Medical Group 2550 Charles Street PO Box 1567 Rockford, IL 61110-0067</b>	W						<b>600.00</b>
Account No.		<b>Mutual Management Services 401 East State Street - 2nd Floor PO Box 4777 Rockford, IL 61110</b>					
Representing: <b>Swedish American Medical Group</b>							
Account No.		<b>SwedishAmerican Hospital PO Box 4448 Rockford, IL 61110-0948</b>					
Representing: <b>Swedish American Medical Group</b>							
Sheet no. <u>15</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)				<b>1,600.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. Unknown		Personal loan				
The Cash Store 1872 South West Avenue Freeport, IL 61032	J	AAM, Inc. 330 Georgetown Square, Suite 104 Wood Dale, IL 60191				1,500.00
Account No.		CCB Credit Services, Inc. PO Box 272 Springfield, IL 62705-0272				
Representing: The Cash Store		Cottonwood Financial Illinois, LLC 1901 Gateway Dr., Suite 200 Irving, TX 75038				
Account No.		RGS Collections, Inc. PO Box 2149 Addison, TX 75001-2149				
Representing: The Cash Store						
Account No.						
Representing: The Cash Store						
Sheet no. <u>16</u> of <u>19</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<u>1,500.00</u>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
			H	W	J	C	
Account No. <b>28463 00188</b>		<b>Collection Caseys (Dixon, IL) CR</b>					
Trac-A-Chec, Inc. PO Box 2764 Davenport, IA 52809	J						<b>100.00</b>
Account No. <b>Various accounts</b>		<b>Medical expenses 574602</b>					
University of Iowa Health Care Payment Processing Center PO Box 402000 Des Moines, IA 50940-2000	J						<b>1,000.00</b>
Account No. <b>74301037</b>		<b>Collection for University of Iowa Clinics &amp; University of Iowa Hospital</b>					
Van Ru Credit Corporation PO Box 616 Park Ridge, IL 60068-0616	J						<b>1,000.00</b>
Account No. <b>4009803920440</b>		<b>Services rendered</b>					
Verizon 1135 East Chocolate Avenue Hershey, PA 17033	H						<b>1,600.00</b>
Account No.		<b>Verizon Attention: Bankruptcy Department 404 Brock Drive, PO Box 3517 Bloomington, IL 61702-3517</b>					
Representing: Verizon							
Sheet no. <b>17</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)		<b>3,700.00</b>		

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.		Verizon National Recovery D Folsom, CA 95630				
Representing: <b>Verizon</b>						
Account No. <b>8527046728</b>		Services rendered				
Verizon Wireless Bankruptcy Department PO Box 3397 Bloomington, IL 61702	H					<b>1,600.00</b>
Account No.		Midland Credit Management, Inc. Department 8870 Los Angeles, CA 90084-8870				
Representing: <b>Verizon Wireless</b>						
Account No.		Midland Credit Management, Inc. 8875 Aero Drive San Diego, CA 92123				
Representing: <b>Verizon Wireless</b>						
Account No.		Verizon Wireless Operations Support 777 Big Timber Road Elgin, IL 60123				
Representing: <b>Verizon Wireless</b>						
Sheet no. <b>18</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)				<b>1,600.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
					C O D E B T O R
Account No. <b>12250118</b>		<b>Medical expenses</b>			100.00
<b>Washington University Physicians PO Box 502432 Saint Louis, MO 63150-2432</b>	J				
Account No. <b>104900211001</b>		<b>Personal loan</b>			1,500.00
<b>World Finance Corporation 206 Dixon Avenue, Suite 2 Rock Falls, IL 61071</b>	H				
Account No.		<b>World Finance Corp. 125 South Peoria A Dixon, IL 61021</b>			
Representing: <b>World Finance Corporation</b>					
Account No.					
Account No.					
Account No.					
Sheet no. <b>19</b> of <b>19</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims		Subtotal (Total of this page)			<b>1,600.00</b>
		Total (Report on Summary of Schedules)			<b>73,550.00</b>

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

**Merlin Glenn  
Sublet, IL**

**Month to month residential house lease**

**Verizon Wireless**

**2 year cell phone contract  
1/2009 - 1/2011**

In re **Jeremy T. Kessel,  
Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

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NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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In re **Jeremy T. Kessel**  
**Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
<b>Married</b>	<b>Step-son</b>	<b>3</b>
	<b>Step-daughter</b>	<b>5</b>
	<b>Daughter</b>	<b>7</b>
	<b>Step-son</b>	<b>8</b>
<b>Employment:</b>	<b>DEBTOR</b>	<b>SPOUSE</b>
Occupation	<b>Lead puller</b>	
Name of Employer	<b>Sensient Flavors Inc.</b>	
How long employed	<b>1 year</b>	
Address of Employer	<b>Amboy, IL 61310</b>	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ <b>3,300.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

## 3. SUBTOTAL

\$ <b>3,300.00</b>	\$ <b>0.00</b>
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## 4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ <b>675.00</b>	\$ <b>0.00</b>
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b. Insurance

\$ <b>250.00</b>	\$ <b>0.00</b>
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c. Union dues

\$ <b>0.00</b>	\$ <b>0.00</b>
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d. Other (Specify):

**United Way**

\$ <b>5.00</b>	\$ <b>0.00</b>
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**401K**

\$ <b>60.00</b>	\$ <b>0.00</b>
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## 5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ <b>990.00</b>	\$ <b>0.00</b>
------------------	----------------

## 6. TOTAL NET MONTHLY TAKE HOME PAY

\$ <b>2,310.00</b>	\$ <b>0.00</b>
--------------------	----------------

7. Regular income from operation of business or profession or farm (Attach detailed statement)

\$ <b>0.00</b>	\$ <b>0.00</b>
----------------	----------------

8. Income from real property

\$ <b>0.00</b>	\$ <b>0.00</b>
----------------	----------------

9. Interest and dividends

\$ <b>0.00</b>	\$ <b>0.00</b>
----------------	----------------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ <b>0.00</b>	\$ <b>394.00</b>
----------------	------------------

11. Social security or government assistance

\$ <b>0.00</b>	\$ <b>465.00</b>
----------------	------------------

(Specify):

**SSI for son**

\$ <b>0.00</b>	\$ <b>0.00</b>
----------------	----------------

12. Pension or retirement income

\$ <b>0.00</b>	\$ <b>0.00</b>
----------------	----------------

13. Other monthly income

\$ <b>0.00</b>	\$ <b>0.00</b>
----------------	----------------

(Specify):

**Assitance from live in friend**

\$ <b>200.00</b>	\$ <b>0.00</b>
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\$ <b>0.00</b>	\$ <b>0.00</b>
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## 14. SUBTOTAL OF LINES 7 THROUGH 13

\$ <b>200.00</b>	\$ <b>859.00</b>
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## 15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ <b>2,510.00</b>	\$ <b>859.00</b>
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## 16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

(Report also on Summary of Schedules and, if applicable, on  
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**None**

In re **Jeremy T. Kessel**  
**Shanda L. Kessel**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <b>514.00</b>
a. Are real estate taxes included? Yes <u>      </u> No <u>X</u>	
b. Is property insurance included? Yes <u>      </u> No <u>X</u>	
2. Utilities:	
a. Electricity and heating fuel	\$ <b>300.00</b>
b. Water and sewer	\$ <b>50.00</b>
c. Telephone	\$ <b>0.00</b>
d. Other <u>See Detailed Expense Attachment</u>	\$ <b>275.00</b>
3. Home maintenance (repairs and upkeep)	\$ <b>0.00</b>
4. Food	\$ <b>650.00</b>
5. Clothing	\$ <b>100.00</b>
6. Laundry and dry cleaning	\$ <b>0.00</b>
7. Medical and dental expenses	\$ <b>100.00</b>
8. Transportation (not including car payments)	\$ <b>350.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <b>75.00</b>
10. Charitable contributions	\$ <b>0.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ <b>0.00</b>
b. Life	\$ <b>0.00</b>
c. Health	\$ <b>0.00</b>
d. Auto	\$ <b>120.00</b>
e. Other	\$ <b>0.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$ <b>0.00</b>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ <b>200.00</b>
b. Other	\$ <b>0.00</b>
c. Other	\$ <b>0.00</b>
14. Alimony, maintenance, and support paid to others	\$ <b>577.00</b>
15. Payments for support of additional dependents not living at your home	\$ <b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <b>0.00</b>
17. Other	\$ <b>0.00</b>
Other	\$ <b>0.00</b>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ <b>3,311.00</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ <b>3,369.00</b>
b. Average monthly expenses from Line 18 above	\$ <b>3,311.00</b>
c. Monthly net income (a. minus b.)	\$ <b>58.00</b>

B6J (Official Form 6J) (12/07)

In re Jeremy T. Kessel  
Shanda L. Kessel

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Detailed Expense Attachment****Other Utility Expenditures:**

<u>Cell phone</u>	\$	<u>200.00</u>
<u>Cable</u>	\$	<u>75.00</u>
<b>Total Other Utility Expenditures</b>	\$	<b>275.00</b>

**United States Bankruptcy Court  
Northern District of Illinois**

In re Jeremy T. Kessel  
Shanda L. Kessel

Debtor(s)

Case No.  
Chapter7

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 36 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date March 6, 2009Signature /s/ Jeremy T. Kessel  
**Jeremy T. Kessel**  
DebtorDate March 6, 2009Signature /s/ Shanda L. Kessel  
**Shanda L. Kessel**  
Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court  
Northern District of Illinois

In re **Jeremy T. Kessel**  
**Shanda L. Kessel**

Debtor(s)

Case No.  
Chapter

7

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

**DEFINITIONS**

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

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**1. Income from employment or operation of business**

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$7,300.00	<b>Husband YTD approximate gross income from employment</b>
\$33,360.00	<b>Husband 2008 gross income from employment</b>
\$2,899.00	<b>Wife 2008 gross income from employment</b>
\$23,721.00	<b>Husband 2007 gross income from employment</b>
\$17,434.00	<b>Wife 2007 gross income from employment</b>

**2. Income other than from employment or operation of business**

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$1,400.00	<b>YTD approximate gross income from SSI</b>
\$5,400.00	<b>2008 approximate gross income from SSI</b>
\$5,400.00	<b>2007 approximate gross income from SSI</b>
\$910.00	<b>YTD approximate gross income from child support</b>
\$4,700.00	<b>2008 approximate gross income from child support</b>
\$4,700.00	<b>2007 approximate gross income from child support</b>
\$6,800.00	<b>2008 Income tax refund</b>

**3. Payments to creditors**

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<b>Community State Bank</b> <b>1801 1st Ave</b> <b>Rock Falls, IL 61071</b>	<b>Monthly vehicle payments</b>	<b>\$200.00</b>	<b>\$2,200.00</b>
<b>Community State Bank</b> <b>1801 1st Ave</b> <b>Rock Falls, IL 61071</b>	<b>2/09--payment out of tax refund</b>	<b>\$1,000.00</b>	<b>\$2,200.00</b>

None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT  
AND CASE NUMBER  
**Kathryn Shaw Bethea  
Hospital dba KSB Hospital &  
KSB Medical Center v.  
Jeremy Kessel  
08 SC 305**

NATURE OF PROCEEDING  
**Civil Suit**

COURT OR AGENCY  
AND LOCATION  
**15th Judicial Circuit Court  
Lee County, Dixon, Illinois**

STATUS OR  
DISPOSITION  
**Judgment entered**

**Open Sesame Child Care  
Center v. Shanda Kessel  
08 SC 333**

**Civil Suit**

**15th Judicial Circuit Court  
Lee County, Dixon, Illinois**

**Judgment entered**

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE

BENEFIT PROPERTY WAS SEIZED

**Amcore Bank  
Dixon, IL 61021**

DATE OF SEIZURE

**7/2008**

DESCRIPTION AND VALUE OF  
PROPERTY

**Debtors' checking account was seized.  
\$1200.00**

**Amcore Bank  
Dixon, IL 61021**

**7/08**

**Husband's checking account with seized  
\$3.00**

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF  
CREDITOR OR SELLER

DATE OF REPOSSESSION,  
FORECLOSURE SALE,  
TRANSFER OR RETURN

DESCRIPTION AND VALUE OF  
PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF  
ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CUSTODIAN

NAME AND LOCATION  
OF COURT  
CASE TITLE & NUMBER

DATE OF  
ORDER

DESCRIPTION AND VALUE OF  
PROPERTY

## 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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## 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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## 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Attorney Mark E. Zaleski 10 North Galena Avenue Suite 220 Freeport, IL 61032</b>	<b>2/6/09</b>	<b>\$526.00 for attorney fees \$299.00 for court filing fees \$100.00 for credit counseling fees \$80.00 for credit report fees</b>

## 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
<b>Unknown 3rd Party</b>	<b>5/08</b>	<b>1996 Dodge Stratus \$200.00</b>

**N/A**

None

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS <b>1752 Sublet Rd. Sublet, Illinois</b>	NAME USED <b>Jeremy Kessel</b>	DATES OF OCCUPANCY <b>2004 - 5/08</b>
<b>630 Brinton Ave. Dixon, Illinois</b>	<b>Shanda Meiborg</b>	<b>11/07 - 5/08</b>
<b>1787 Briar Knoll Rd. Amboy, Illinois</b>	<b>Shanda Meiborg</b>	<b>9/06 - 11/07</b>
<b>105 E. Boyd Dixon, Illinois</b>	<b>Shanda Kessel</b>	<b>12/05 - 9/06</b>

**16. Spouses and Former Spouses**

None

■ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

■ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None

■ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None

■ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18 . Nature, location and name of business**

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

LAST FOUR DIGITS OF  
SOCIAL-SECURITY OR  
OTHER INDIVIDUAL  
TAXPAYER-I.D. NO.

NAME	(ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, records and financial statements**

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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**20. Inventories**

None  a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None  b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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**21 . Current Partners, Officers, Directors and Shareholders**

None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
------------------	--------------------	------------------------

None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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**22 . Former partners, officers, directors and shareholders**

None  a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None  b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23 . Withdrawals from a partnership or distributions by a corporation**

None  If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

None  If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

None  If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date March 6, 2009

Signature /s/ Jeremy T. Kessel  
**Jeremy T. Kessel**  
Debtor

Date March 6, 2009

Signature /s/ Shanda L. Kessel  
**Shanda L. Kessel**  
Joint Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B8 (Form 8) (12/08)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Jeremy T. Kessel  
Shanda L. Kessel**

Debtor(s)

Case No.  
Chapter

**7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A - Debts secured by property of the estate.** (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1		
<b>Creditor's Name:</b> <b>Community State Bank</b>	<b>Describe Property Securing Debt:</b> <b>2000 Oldsmobile Silhouette</b>	
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained		
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).		
Property is (check one): <input type="checkbox"/> Claimed as Exempt <input checked="" type="checkbox"/> Not claimed as exempt		

**PART B - Personal property subject to unexpired leases.** (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b> <b>-NONE-</b>	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date March 6, 2009

Signature /s/ Jeremy T. Kessel  
**Jeremy T. Kessel**  
Debtor

Date March 6, 2009

Signature /s/ Shanda L. Kessel  
**Shanda L. Kessel**  
Joint Debtor

In re Jeremy T. Kessel  
Shanda L. Kessel

Debtor(s)

Case No.  
Chapter 7**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$ <u>526.00</u>
Prior to the filing of this statement I have received.....	\$ <u>526.00</u>
Balance Due.....	\$ <u>0.00</u>

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, lien avoidances, relief from stay actions or any other adversary proceeding. Negotiations with secured creditors to reduce collateral to market value or to modify original loan. Negotiation, preparation and filing of reaffirmation agreements. Preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: March 6, 2009

/s/ Mark E. Zaleski

Mark E. Zaleski  
 Mark E. Zaleski  
 10 North Galena Avenue  
 Suite 220  
 Freeport, IL 61032  
 815-233-0995 Fax: 815-232-3227  
 attyzaleski@cjrinc.com

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### **Certificate of Attorney**

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

**Mark E. Zaleski**

Printed Name of Attorney

Address:

**10 North Galena Avenue**

**Suite 220**

**Freeport, IL 61032**

**815-233-0995**

**attyzaleski@cjrlinc.com**

**X /s/ Mark E. Zaleski**

Signature of Attorney

**March 6, 2009**

Date

**Jeremy T. Kessel**

**Shanda L. Kessel**

Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

**X /s/ Jeremy T. Kessel**

Signature of Debtor

**March 6, 2009**

Date

**X /s/ Shanda L. Kessel**

Signature of Joint Debtor (if any)

**March 6, 2009**

Date

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Jeremy T. Kessel**  
**Shanda L. Kessel**

Debtor(s)

Case No.  
Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **95**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **March 6, 2009**

**/s/ Jeremy T. Kessel**  
**Jeremy T. Kessel**  
Signature of Debtor

Date: **March 6, 2009**

**/s/ Shanda L. Kessel**  
**Shanda L. Kessel**  
Signature of Debtor

AAM, Inc.  
330 Georgetown Square, Suite 104  
Wood Dale, IL 60191

Account Recovery Services  
PO Box 2526  
Loves Park, IL 61132

Amcore Bank  
1021 N Mulford Rd  
Rockford, IL 61110

Amcore Bank N.A.  
507 7th Street  
PO Box 1537  
Rockford, IL 61110-0037

Amcore Bank NA, Rockford  
PO Box 358  
Beloit, WI 53512-0358

Arrow Financial Services LLC  
21031 Network Place  
Chicago, IL 60673-1210

Arrow Financial Services LLC  
5996 West Touhy Avenue  
Niles, IL 60714-4610

Arrow Financial Services, Inc.  
7301 North Lincoln Avenue  
Suite 220  
Lincolnwood, IL 60712-1709

Associated Business Service  
1916 Raincloud Dr.  
Rockford, IL 61108

Bruce M. Hecht MD  
c.o Terry Hoss  
PO Box 449  
Cherry Valley, IL 61016

Capital Management Services, Inc.  
726 Exchange Street, Suite 700  
Buffalo, NY 14210

CCB Credit Services, Inc.  
PO Box 272  
Springfield, IL 62705-0272

CGH Medical Center  
100 East Lefevre Road  
Sterling, IL 61081

Check It  
PO Box 6264  
Rockford, IL 61125-1264

Children's Hospital - St. Louis  
One Children's Place  
Saint Louis, MO 63110-1077

ComEd  
Bill Payment Center  
Chicago, IL 60668-0001

ComEd  
Customer Care Center  
PO Box 87522  
Chicago, IL 60680

Commonwealth Edison  
Reconciliation Department  
1919 Swift Drive  
Oak Brook, IL 60523-1502

Community State Bank  
1801 1st Ave  
Rock Falls, IL 61071

Cottonwood Financial Illinois, LLC  
1901 Gateway Dr., Suite 200  
Irving, TX 75038

Credit Management Control, Inc.  
PO Box 1654  
Green Bay, WI 54305-1654

Creditor Protection Association  
13355 Noel Rd.  
Dallas, TX 75240

Donna Ripley, PH. D.  
300 First Ave., Suite 200  
Rock Falls, IL 61071

Dr. David J. Powers, MD  
102 S. Hennepin Ave.  
Dixon, IL 61021

Eagle Recovery Associates, Inc.  
424 SW Washington St., 3rd Floor  
Peoria, IL 61602

Fifth Third Bank  
Card Center  
PO Box 740789  
Cincinnati, OH 45274-0789

Fifth Third Bank  
Chicago  
PO Box 630778  
Cincinnati, OH 45263-0778

Gallatin River Communications  
PO Box 1800  
Galesburg, IL 61402-1800

H&R Accounts, Inc.  
7017 John Deere Parkway  
PO Box 672  
Moline, IL 61265

Harvard Collection Services  
4839 N Elston Avenue  
Chicago, IL 60630

HSBC Bank  
PO Box 5253  
Carol Stream, IL 60197

HSBC Card Services  
PO Box 88000  
Baltimore, MD 21288-0001

HSBC Card Services  
PO Box 17051  
Baltimore, MD 21297-1051

HSBC Taxpayer Financial Services  
PO Box 17037  
Baltimore, MD 21297-1037

Insight Communications  
Credit Services  
109 West Main Street  
Freeport, IL 61032

Insight Communications  
115 North Galena Avenue  
Dixon, IL 61021-2117

KSB Hospital  
Patient Financial Services  
PO Box 737  
Dixon, IL 61021

KSB Hospital  
c/o Tribe Law Office  
PO Box 1128  
Peoria, IL 61653-1128

KSB Medical Group  
215 East 1st Street, Suite 117  
PO Box 737  
Dixon, IL 61021-6102

Law Offices of M. Thomas Suits  
114 W. Mason Street  
Polo, IL 61064

Lee County Circuit Clerk  
Child Support Division  
309 S. Galena Ave., Suite 320  
Dixon, IL 61021

Merlin Glenn  
Sublet, IL

Midland Credit Management, Inc.  
Department 8870  
Los Angeles, CA 90084-8870

Midland Credit Management, Inc.  
8875 Aero Drive  
San Diego, CA 92123

Mortgage Electronic Reg. Systems  
PO Box 2026  
Flint, MI 48501

Mortgage Electronic Reg. Systems  
c/o Hauselman & Rappin  
39 South LaSalle Street  
Chicago, IL 60603

MRS Associates, Inc.  
3 Executive Campus, Suite 400  
Cherry Hill, NJ 08002

Mutual Management Services  
401 East State Street - 2nd Floor  
PO Box 4777  
Rockford, IL 61110

NCO Financial  
PO Box 41466  
Philadelphia, PA 19101

NCO Financial Systems  
PO Box 15372  
Wilmington, DE 19850-5372

Nicor Gas  
1844 Ferry Road  
Naperville, IL 60563

Nicor Gas  
PO Box 310  
Aurora, IL 60507-0310

Nicor Gas  
PO Box 163250  
Columbus, OH 43216

Nicor Gas  
PO Box 3042  
Naperville, IL 60566-7042

Nicor Gas Co.  
Attn: Patricia M. Fennell  
PO Box 858  
Aurora, IL 60507

Now Care LLC  
PO box 455  
Prairieville, LA 70769-2064

Now Care LLC  
841 N. Galena Avenue  
Dixon, IL 61021

Nuvell Credit  
PO Box 2150  
Greeley, CO 80632

Nuvell Financial Services LLC  
PO Box 1762  
Greeley, CO 80632-1762

Open Sesame Child Care Center  
1101 Middle Road  
Dixon, IL 61021

Open Sesame Child Care Center  
c/o Attorney Dana M. Considine  
PO Box 447  
Dixon, IL 61021

Pediatric Cardiology  
c/o Terry Hoss  
PO Box 449  
Cherry Valley, IL 61016

Pediatric Cardiology Clinic of IL  
1415 E. State Street  
Suite 601  
Rockford, IL 61104

Quad City Kirby Company  
c/o Attorney Robert F. Tappa  
PO Box 3908  
Rock Island, IL 61204-3908

Receivable Management Consultants  
212 East First St., Suite #117  
PO Box 787  
Dixon, IL 61021

Receivable Management Consultants  
c/o Attorney Al Henry Williams  
PO Box 641  
Dixon, IL 61021

Redline Recovery Services, LLC  
6201 Bonhomme Street  
Suite 100S  
Houston, TX 77036

RGS Collections, Inc.  
PO Box 2149  
Addison, TX 75001-2149

RMCB  
PO Box 1238  
Elmsford, NY 10523-0938

Robert Johnson  
404 N. Galena Ave.,  
Dixon, IL 61021

Rockford Cardiology Assoc.  
PO Box 8410  
Rockford, IL 61126-8410

Rockford Health Physicians  
c/o PBO, Inc.  
6785 Weaver Rd., Suite D  
Rockford, IL 61114

Rockford Health Systems  
Rockford Memorial Hospital  
PO Box 14125  
Rockford, IL 61105-4125

RRCA Account Management  
312 Locust Street  
Sterling, IL 61081

RRCA Account Management  
c/o Attorney Michael Mellott  
312 Locust Street  
Sterling, IL 61081

Sauk Valley Bank  
904 1st Avenue  
Rock Falls, IL 61071

Sauk Valley Bank  
201 W. 3rd Street  
Rock Falls, IL 61071

Sterling - Rock Falls Clinic, Ltd.  
101 East Miller Road  
Sterling, IL 61081

Swedish American Medical Group  
2550 Charles Street  
PO Box 1567  
Rockford, IL 61110-0067

SwedishAmerican Hospital  
PO Box 4448  
Rockford, IL 61110-0948

The Cash Store  
1872 South West Avenue  
Freeport, IL 61032

Torres Credit Services, Inc.  
PO Box 189  
Carlisle, PA 17013-0189

Trac-A-Chec, Inc.  
PO Box 2764  
Davenport, IA 52809

University of Iowa Health Care  
Payment Processing Center  
PO Box 402000  
Des Moines, IA 50940-2000

Van Ru Credit Corporation  
PO Box 616  
Park Ridge, IL 60068-0616

Van Ru Credit Corporation  
PO Box 618  
Park Ridge, IL 60068-0618

Verizon  
1135 East Chocolate Avenue  
Hershey, PA 17033

Verizon  
Attention: Bankruptcy Department  
404 Brock Drive, PO Box 3517  
Bloomington, IL 61702-3517

Verizon  
National Recovery D  
Folsom, CA 95630

Verizon Wireless  
Bankruptcy Department  
PO Box 3397  
Bloomington, IL 61702

Verizon Wireless  
Operations Support  
777 Big Timber Road  
Elgin, IL 60123

Verizon Wireless

Washington University Physicians  
PO Box 502432  
Saint Louis, MO 63150-2432

World Finance Corp.  
125 South Peoria A  
Dixon, IL 61021

World Finance Corporation  
206 Dixon Avenue, Suite 2  
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